MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1 930 01629

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge; LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lloyds- - -RFD # 3	STREET ADDRESS (If rural give location) Lloyds- - -RFD # 3

3. NAME OF DECEASED (Type or Print) (First) JOHN W. (Middle) (Last) BELL				4. DATE OF DEATH (Month) (Day) (Year) February 28, 1949			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/23/1861	9. AGE last birthday 87 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Dirt	11. BIRTHPLACE (State or foreign country) Lloyds, Dor. Co., Md.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Bell			14. MOTHER'S MAIDEN NAME NOT KNOWN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Anna M. Bell				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart with Myocardial failure — ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1946, to Feb 28, 1949, that I last saw the deceased alive on Feb 28, 1949, and that death occurred at 10 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hugh Brown	M D	Cambridge	3-2-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/3/1949	Greenlawn Cemetery	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 2, 1949	John Mace, Jr. Reg	LeCompte's Funeral Service Cambridge, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

117 Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Md.Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Dorchester — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): Cambridge, R.F.D.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Logan (Last) Bunker

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 20, '73

9. AGE last birthday: 75 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): S.S.Engineer Rtd.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maine

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Lewis B.Bunker

14. MOTHER'S MAIDEN NAME: Jennie Logan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of): Yes, Spanish-American, World War 1&2

16. SOCIAL SECURITY NO.:

17. INFORMANT: Dr.A.E.Bunker, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia and cardiac failure — About 8 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Operation-gastro-enterostomy for duodenal ulcer

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 5, 1949

19b. MAJOR FINDINGS OF OPERATION: Duodenal ulcer

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1949, to Feb. 20, 1949, that I last saw the deceased alive on Feb. 20, 1949, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE: Carlton Brinsfield — (Degree or title) M.D. — ADDRESS: High and Spring Sts. Cambridge, Md. — DATE SIGNED: 2-22-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/23/'49 — NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Pk. — LOCATION (City, town, or county) (State): Cambridge Md.

DATE REC'D BY LOCAL REG.: Feb. 24, 1949 — REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR — ADDRESS: Kenneth R. Thomas

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) R.F.D. # 3

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Camper

4. DATE OF DEATH (Month) Feb (Day) 3 (Year) 1949

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 27 1887
9. AGE last birthday 61 yrs. If under 1 year: Months 1, Days 6; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Lakes, Dor Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Moses Chester
14. MOTHER'S MAIDEN NAME Johnana Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Mrs Edith Dutton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 38 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertensive cardiovascular disease undet.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1949, to 2-3-, 1949, that I last saw the deceased alive on 2-3-, 1949 and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS 300 Main Cambridge Md. DATE SIGNED 2-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb 6 1949
NAME OF CEMETERY OR CREMATORY Waugh Cemetery
LOCATION (City, town, or county) Cambridge, Md (State)

DATE REC'D BY LOCAL REG. Feb. 8, 1949
REGISTRAR'S SIGNATURE John Mace, Jr. [signature]
24. FUNERAL DIRECTOR [signature] ADDRESS Cambridge Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY: Dorchester
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 55 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 313 Belvedere Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): 313 Belvedere Ave.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) VIRGINIA (Last) DAWSON

4. DATE OF DEATH: (Month) February (Day) 3, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12/4/1856

9. AGE last birthday: 92 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert B. Spedden

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Miss Eliza L. Dawson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Coma

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral Hemorrhage - Right Hemiplegia
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1949, to 2/3, 1949, that I last saw the deceased alive on 2/3, 1949, and that death occurred at 7.45 P m., from the causes and on the date stated above.

SIGNATURE: Guy Steele (Degree or title) M.D. ADDRESS: Cambridge Md. DATE SIGNED: 2/4-1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 2/5/1949
NAME OF CEMETERY OR CREMATORY: Cambridge Cemetery
LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: Feb. 8, 1949
REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH · COUNTY: Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Dorchester COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place): 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wingate
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Md. Hospital	STREET ADDRESS (If rural give location): none

3. NAME OF DECEASED (Type or Print) (First) Joyce	(Middle) Ann	(Last) Dean	4. DATE OF DEATH (Month) Feb	(Day) 15	(Year) 1949		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH: July 22, 1948	9. AGE last birthday: 6 months	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Maryland, Dorch. Co.	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: Francis O'Neal Dean	14. MOTHER'S MAIDEN NAME: Catherine Moore						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Francis O'Neal Dean					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 5 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Decubitus ulcers buttox

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Starvation — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12, 1949, to 2/15, 1949, that I last saw the deceased alive on 2/15, 1949, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE: W. T. Hanks M.D. (Degree or title) — ADDRESS: Cambridge Md — DATE SIGNED: 2/15/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2/16/'49	NAME OF CEMETERY OR CREMATORY: Moore Family Cemetery	LOCATION (City, town, or county) (State): Wingate, Md.
DATE REC'D BY LOCAL REG.: Feb. 17, 1949	REGISTRAR'S SIGNATURE: John Mace Jr. MD	24. FUNERAL DIRECTOR: Kenneth R. Thomas	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Crapo	LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crapo	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Crapo
	STREET ADDRESS (If rural give location) Crapo

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	OLIE LEONARD FOXWELL			4. DATE OF DEATH (Month) (Day) (Year)	February 24 1949		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.
Male	White	Married	10/22/1888	60 yrs.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	Teaching	Crapo, Dor. Co., Md.	USA

13. FATHER'S NAME	Thomas L. Foxwell
14. MOTHER'S MAIDEN NAME	Mary Virginia Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs. Olie Foxwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Pulmonary Oedema	20 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerotic Hypertensive Cardio-	
	(c) Vascular Renal Disease	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Benign Prostatic Hypertrophy	3 mo+

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
None				Yes ☐ No ☑
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dead on arrival, 19....., to....., 19....., that I last saw the deceased alive on Dead on arrival, 19....., and that death occurred at 11:50 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldridge H. Wolff M.D	Acting Deputy Medical Examiner	Cambridge Maryland	2-25-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/27/1949	Dorchester Memorial Pk	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 28, 1949	John Mace Jr. MD	LeCompte's Funeral Service	Cambridge, Maryland.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg - Rural
LENGTH OF STAY (in this place) 43 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsburg - Federalsburg Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg - Rural
STREET ADDRESS Williamsburg - (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sophia (Middle) K. (Last) Franz

4. DATE OF DEATH: (Month) February (Day) 11 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 6, 1864

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Bavaria Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: — Laubman

14. MOTHER'S MAIDEN NAME: No data available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Henry Franz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis

(c) Senile Debility of old age

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1948, to 2/10, 1949, that I last saw the deceased alive on 2-10, 1949 and that death occurred at 10:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. L. Lemmon M.D. ADDRESS Federalsburg Md. DATE SIGNED 2-12-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: February 14, 1949

NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery

LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG. Feb 11 - 1949

REGISTRAR'S SIGNATURE Charles Hastings

24. FUNERAL DIRECTOR: J. J. Trampton & Son, ADDRESS: Federalsburg, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (In this place) 5 Mth.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dor.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale; STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) L. (Last) Gordy

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: July 16 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Clarkson, Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Durbin

14. MOTHER'S MAIDEN NAME: Mary Lou Durbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Martha G. Vincent 3511 Davenport St. N.W. Wash., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Not at all, 19..., to ..., 19..., that I last saw the deceased alive on Not at all, 19..., and that death occurred at 12.25P. m., from the causes and on the date stated above.

SIGNATURE John Mace Jr. M.D. (Degree or title) Deputy Medical Examiner

ADDRESS Cambridge, Md.

DATE SIGNED 2/24/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE 2/28/49 | NAME OF CEMETERY OR CREMATORY Our Lady of Good Counsel | LOCATION (City, town, or county) Secretary, Maryland (State)

DATE REC'D BY LOCAL REG. Feb. 25, 1949

REGISTRAR'S SIGNATURE ~~Our Lady of Good Counsel~~ John Mace, Jr. M.D.

24. FUNERAL DIRECTOR Gravenor Bros. ADDRESS Sharptown, Maryland

VS. A15

RECEIVED
FEB 26 1949
BUREAU V. S.

Evidence for change of birth date and age is on: Film No.G119, Feb. 16, 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01637

331

83a

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cambridge; LENGTH OF STAY (in this place) 6 mos. 5 das.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	George	C.	Hall		Feb.	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 14, 1875	73 yrs.	8	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	-	Crisfield, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Hall	Laney Sterling Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension - General Arteriosclerosis	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1948, to Jan. 31, 1949, that I last saw the deceased alive on Jan. 31, 1949, and that death occurred at 2:55 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. G. Blackwelder	M. D.	Cambridge, Maryland	Feb. 1, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-4-49	Asbury Cemetery	Crisfield, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 4, 1949	John Mace, Jr. MD	Hurward Covington	306 Main Street Crisfield Md.

John Muir.

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420.0
93d

01638

Reg. Dist. No. 1.6

EVIDENCE FOR CHANGE OF AGE IS ON: FILM #G119 - 4-7-49 A

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural, give location) Park Lane

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Henry

4. DATE OF DEATH (Month) Feb (Day) 21 (Year) 1949

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 20, 1863
9. AGE last birthday 85 ~~46~~ yrs. If under 1 year Months 5 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Crapo, Dor. Co. Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Sarah McCready

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Samuel Coleman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure

Antecedent cause(s) (b) Anteriosclerotic heart disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Cambridge (COUNTY) Dorch. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 29, 1949, to Feb 21, 1949, that I last saw the deceased alive on Feb 21, 1949, and that death occurred at 3 00 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J Edwin Fassett M.D. ADDRESS Cambridge Md. DATE SIGNED Feb 23, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb 24 1949
NAME OF CEMETERY OR CREMATORY Waugh Cemetery
LOCATION (City, town, or county) Cambridge (State) Md.

DATE REC'D BY LOCAL REG. Feb. 24, 1949
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR Herbert M. St Clair Jr. ADDRESS Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
FEB 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331 83a

01639

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 327 West End Ave.

3. NAME OF DECEASED (Type or Print) (First) ARTHUR (Middle) S. (Last) HOPKINS

4. DATE OF DEATH (Month) February (Day) 6, (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH 2/10/1882

9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY Insurance

11. BIRTHPLACE (State or foreign country) Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William D. Hopkins

14. MOTHER'S MAIDEN NAME Margaret P. Christopher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mrs. Fannie A. Hopkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — Interval between onset and death: 2 DAYS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSION

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 FEB., 19 49, to 6 FEB., 19 49, that I last saw the deceased alive on 6 FEB., 19 49, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE Walter E. Hurley (Degree or title) M.D. ADDRESS Cambridge Md. DATE SIGNED 2-9-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 2/9/1949

NAME OF CEMETERY OR CREMATORY Cambridge Cemetery

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. Feb. 9, 1949

REGISTRAR'S SIGNATURE John Mace, J. MD

24. FUNERAL DIRECTOR ADDRESS
LeCompte's Funeral Service
Cambridge, Maryland.

RECEIVED
FEB 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

442
131a

01640

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester Cambridge MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 428 High St.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 428 Hight St

3. NAME OF DECEASED (Type or Print) (First) Jane Hughs (Middle) (Last)

4. DATE OF DEATH (Month) (Day) (Year) feb 11 1949

5. SEX Fenell
6. COLOR OR RACE Colard
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH March 12 1860
9. AGE last birthday 88 yrs. If under 1 year Months 11 Days If under 24 hrs. Hours 5 30 Am Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) did do Emp work
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Black Warter, Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Lidom Hughs
14. MOTHER'S MAIDEN NAME Mancy Hughs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Simia Ward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Myocardial Failure	1 day.
Antecedent cause(s)	(b)	Arteriosclerotic Nephritis	1 week
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	Cardiovascular Renal Decompensation	2 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Arteriosclerotic Heart Disease	20 Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3-, 1946, to 2-11-, 1949, that I last saw the deceased alive on 2-11-49, 19--, and that death occurred at 5:30A m., from the causes and on the date stated above.

SIGNATURE Lawrence Maryanov, (Degree or title) M.D. ADDRESS 136 Race St. Cambridge, Maryland DATE SIGNED 2-11-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Cornell Cemetery DATE feb 13, '49 NAME OF CEMETERY OR CREMATORY Cornell Cemetery LOCATION (City, town, or county) (State) Near Cambridge

DATE REC'D BY LOCAL REG. Feb. 11, 1949 REGISTRAR'S SIGNATURE John Mace Jr. MDS
24. FUNERAL DIRECTOR Lewis H Baynew ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 331 01641

CERTIFICATE OF DEATH 83a Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; MARYLAND; LENGTH OF STAY (In this place) 19 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dorchester COUNTY Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge md; STREET ADDRESS (If rural, give location) Elder St 206

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) Johnson (Last)

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 15 1897

9. AGE last birthday: 51 yrs.; If under 1 year: Months 0, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Lancaster Co VA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Tomas Johnson

14. MOTHER'S MAIDEN NAME: Dont know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.: If year, give war or dates of service: no; 214-04-8185

17. INFORMANT: Louise Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949, to Feb. 16, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 4:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Andrew Johnson MD; ADDRESS: Cambridge, Md; DATE SIGNED: Feb 16 49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL; DATE: Feb 21, 1949; NAME OF CEMETERY OR CREMATORY: Wall Cemetery; LOCATION (City, town, or county) (State): Cambridge

DATE REC'D BY LOCAL REG.: Feb. 21, 1949; REGISTRAR'S SIGNATURE: John Mace, Jr. Mar

24. FUNERAL DIRECTOR ADDRESS: Lewis H Baynum

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

571.0 01642

EVIDENCE FOR CHANGE #4 is on Film #6119 - 3-14-49

CERTIFICATE OF DEATH

119a Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING. Please write plainly, with unfading ink. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Schoolhouse Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural give location) 12 Schoolhouse Lane

3. NAME OF DECEASED (Type or Print): (First) BERNADINE (Middle) THERESA (Last) JOHNSON

4. DATE OF DEATH: (Month) ~~FEBRUARY~~ January (Day) 26, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-9-49

9. AGE last birthday: 6 wks. yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Winfield Askins

14. MOTHER'S MAIDEN NAME: Areatha Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT: Areatha Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Toxemia	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute gastroenteritis	1 day
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Not at all, 19..., to about 2 A., 19..., that I last saw the deceased alive on Not at all, 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Deputy Medical Examiner, Cambridge, Md. Feb. 28, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2-27-49

NAME OF CEMETERY OR CREMATORY: East New Market, (Cemetery),

LOCATION (City, town, or county) (State): East New Market, Md.

DATE REC'D BY LOCAL REG.: March 1, 1949

REGISTRAR'S SIGNATURE: John Mace, Jr. MD

24. FUNERAL DIRECTOR ADDRESS: Herbert M. St. Clair, Cambridge, Maryland

VS. A15

RECEIVED
MAR 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443

CERTIFICATE OF DEATH

95C

01643

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madison LENGTH OF STAY (in this place) 23
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS P.O. Woolford Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Wolford Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) W. (Last) Keene

4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 1949

5. SEX Male

6. COLOR OR RACE Negro

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 4/7

9. AGE last birthday 68 yrs. If under 1 year ~~Months~~ Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. ~~KIND OF BUSINESS OR INDUSTRY~~

11. BIRTHPLACE (State or foreign country) Madison, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Keene

14. MOTHER'S MAIDEN NAME Harriet Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Sarah Keene

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	3 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	undetermined
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 29, 1949, to Feb 19, 1949, that I last saw the deceased alive on Feb 19, 1949, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edwin Fassett M.D. ADDRESS 300 Main Cambridge DATE SIGNED Feb 24, 49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) B. Weal

DATE 3/24/49

NAME OF CEMETERY ~~OR CREMATORY~~ Madison

LOCATION (City, town, or county) Dorchester Co. (State)

DATE REC'D BY LOCAL REG. Feb. 24, 1949

REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR L. H. Boyne ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4201 01644

922

EVIDENCE FOR CHANGE OF #8 is on FILM # G119 - 3-14-49

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookview; MARYLAND; LENGTH OF STAY (In this place) 45 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Hilbert (Middle) B. (Last) Marine

4. DATE OF DEATH: (Month) 2 (Day) 4 (Year) 1949

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 26 1897

9. AGE last birthday: 51 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Working on State Highway

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Marine

14. MOTHER'S MAIDEN NAME: Mary English

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service) 1917

16. SOCIAL SECURITY NO.

17. INFORMANT: Daisy L. Marine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 1 hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Valvular disease

(c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1947, to Feb 4 1949, that I last saw the deceased alive on Feb 4 1949, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE: H. B. Kuhlman (Degree or title) M.D. ADDRESS: Sharptown, Md DATE SIGNED: 2/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 2-7-1949; NAME OF CEMETERY OR CREMATORY: Brookview; LOCATION (City, town, or county): Brookview; (State): Md

DATE REC'D BY LOCAL REG. Feb 7-1949; REGISTRAR'S SIGNATURE: Chas W Hastings

24. FUNERAL DIRECTOR: Graveson Bros; ADDRESS: Sharptown, Md.

VS. A15

RECEIVED
MAR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 01645

CERTIFICATE OF DEATH

94a

Reg. Dist. No. 116

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

I

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge | LENGTH OF STAY (in this place): 60 Yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 500 Trenton Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
   STREET ADDRESS (If rural give location): 500 Trenton Street

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) L. (Last) MOWBRAY

4. DATE OF DEATH: (Month) February (Day) 18 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9/30/1867

9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Fertilizer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Mowbray

14. MOTHER'S MAIDEN NAME: Jane (Not Known)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs. Alberta F. Mowbray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: Instant

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Not at all, 19..., to ..., 19..., that I last saw the deceased alive on Not at all, 19..., and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Mowbray M.D. Deputy Medical Examiner — ADDRESS Cambridge Md. — DATE SIGNED 2/18/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2/20/1949 | NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery | LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: Feb. 21, 1949 | REGISTRAR'S SIGNATURE: John Mowbray, J. M.D. | 24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

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FEB 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4500 01646

CERTIFICATE OF DEATH

97 Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 ?Cemetery Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 24 Cemetery Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) WILLIAM THOMAS PATCHETT

4. DATE OF DEATH (Month) (Day) (Year) February 8, 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 9/15/1876

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - - - - -

10b. KIND OF BUSINESS OR INDUSTRY - - -

11. BIRTHPLACE (State or foreign country) Cambridge, Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harry Patchett

14. MOTHER'S MAIDEN NAME Fannie Holt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT Mrs. Lillie P. Patchett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Starvation	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, general, marked.	
	(c) with coma diabetes mellitus	6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1949, to ....., 19....., that I last saw the deceased alive on Feb 8, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE James Thompson (Degree or title) M.D. ADDRESS Cambridge, Maryland DATE SIGNED 2-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 2/10/1949 | NAME OF CEMETERY OR CREMATORY Cambridge Cemetery | LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

473 109 01647

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY Dorchester
STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linkwood
LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linkwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Terrance (Middle) Sylvester (Last) Pinder

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 5, 49

9. AGE last birthday: yrs. If under 1 year: Months 1, Days 21; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Linkwood, Md. Dorch. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Monroe Pinder

14. MOTHER'S MAIDEN NAME: Louise Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Monroe Pinder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia	1 day
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Not at all, 19....., to Dead on arrival, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2.30P m., from the causes and on the date stated above.

SIGNATURE John Mace Jr. M.D. (Degree or title) Deputy Medical Examiner ADDRESS Cambridge, Md. DATE SIGNED 2/26/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 2-27-49
NAME OF CEMETERY OR CREMATORY: Family Cemetery
LOCATION (City, town, or county) (State): Linkwood, Maryland

DATE REC'D BY LOCAL REG.: March 1, 1949
REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.
24. FUNERAL DIRECTOR: Monroe Pinder, Linkwood, Maryland
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.0 01648
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bishops Head; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Bishops Head

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bishops Head; STREET ADDRESS (If rural give location) Bishops Head

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARTHA W. PRITCHETT

4. DATE OF DEATH (Month) (Day) (Year): February 21 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12/19/1863

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Pritchett

14. MOTHER'S MAIDEN NAME: Mary Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Wilson Pritchett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlussion	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemmorrhage - Partial Paralysis left leg.	2 months
	(c) Arteriosclerotic Heart Disease	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4- 1948 to 2-21- 1949, that I last saw the deceased alive on 2-21 1949, and that death occurred at 5 50 A.m., from the causes and on the date stated above.

SIGNATURE Lawrence Maryanov (Degree or title) M.D.

ADDRESS 136 Race Street Cambridge, Maryland

DATE SIGNED Feb 21 '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2/23/1949

NAME OF CEMETERY OR CREMATORY: Pritchett Family Cem.

LOCATION (City, town, or county) (State): Bishops Head, Dor. Co., Md

DATE REC'D BY LOCAL REG. Feb 23 1949

REGISTRAR'S SIGNATURE Wilson D Pritchett

24. FUNERAL DIRECTOR: LeCompte's Funeral Service

ADDRESS: Cambridge, Maryland.

RECEIVED
MAR 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 40 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 134 Mill Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 134 Mill Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JENNIE WINGATE ROBINSON

4. DATE OF DEATH (Month) (Day) (Year) February 24, 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 7/29/1860

9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Wingate

14. MOTHER'S MAIDEN NAME Laura Fallin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT Mrs. J. Frank Navy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ESOPHAGEAL CANCER — Interval between onset and death: APPROX 9 MOS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) CAMBRIDGE (COUNTY) DORCH (STATE) MD

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 DEC, 1948, to 9 FEB, 1949, that I last saw the deceased alive on 9 FEB, 1949, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE Martha E. Hurley (Degree or title) M.D. ADDRESS 105 Church St Cambridge Md. DATE SIGNED 2-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 2/26/1949

NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

LOCATION (City, town, or county) (State) Cambridge, Maryland.

DATE REC'D BY LOCAL REG. Feb. 28, 1949

REGISTRAR'S SIGNATURE John Mace, J. Mar

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland.

VS. A15

RECEIVED
MAR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge
LENGTH OF STAY (in this place) 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Todd's Point RFD # 3

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge
STREET ADDRESS (If rural give location) Todd's Point RFD # 3

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) AUGUSTUS C. RUARK

4. DATE OF DEATH (Month) (Day) (Year) February 10 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 10/7/1872

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman-Painter

10b. KIND OF BUSINESS OR INDUSTRY Seafood House Painting

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Ruark

14. MOTHER'S MAIDEN NAME Mary Newcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Alice Ruark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shot gun wound of head. — Instant

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) (COUNTY) (STATE) Todd's Point, RFD # 3, Dorchester, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 10-49 10 A. m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Self inflicted.

22. I hereby certify that I attended the deceased from Not at all, 19..., to ..., 19..., that I last saw the deceased alive on Not at all, 19..., and that death occurred at 10. A. m., from the causes and on the date stated above.

SIGNATURE John Mace Jr. (Degree or title) ADDRESS Deputy Medical Examiner, Cambridge, Md. DATE SIGNED 2-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 2/12/1949

NAME OF CEMETERY OR CREMATORY Speddens Cemetery

LOCATION (City, town, or county) (State) James, Dor. Co., Md.

DATE REC'D BY LOCAL REG. Feb. 12, 1949

REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.

Evidence for change of year of birth is shown on

FILM No. G 119 MAR - 8 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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420.0

CERTIFICATE OF DEATH

93d Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester COUNTY Goldenhill 2 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Golden Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ~~Colored~~ (Middle) Georgia on (Last) Spicer

4. DATE OF DEATH (Month) Feb (Day) 27 (Year) 1949

5. SEX Female | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH June 22 1892 1894 | 9. AGE last birthday 5 6 yrs. | If under 1 year Months Days | If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Labor | 11. BIRTHPLACE (State or foreign country) Golden hill | 12. CITIZEN OF WHAT COUNTRY? U.S. Dorchester

13. FATHER'S NAME Jerry Kane | 14. MOTHER'S MAIDEN NAME Liza Kane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Rachel Spicer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac decompensation — 1 wk

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic Heart Disease — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1949, to Feb 28, 1949, that I last saw the deceased alive on Feb 26, 1949, and that death occurred at 7 05 A.m., from the causes and on the date stated above.

SIGNATURE Lawrence Maryanov (Degree or title) M.D. ADDRESS 136 Race St. Cambridge, Md DATE SIGNED Feb 28, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE March 2 '49 | NAME OF CEMETERY OR CREMATORY Warfield cemetery | LOCATION (City, town, or county) Dorchester County (State) Md

DATE REC'D BY LOCAL REG. March 2, 1949 | REGISTRAR'S SIGNATURE John Mace Jr. MD | 24. FUNERAL DIRECTOR Lewis H Boyden | ADDRESS Williamsburg

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 4 1949
BUREAU V. S.

Evidence for change of birth date is on: Film No. G119, Feb. 16, 1949

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edgemere Ave.	STREET ADDRESS (If rural give location) Edgemere Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Steward		Feb	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	March 1889	59 yrs.	11			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Chofe	Coard town md	U S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Haland Steward	Mary Trinder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no			Robert Steward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none			m.		—

22. I hereby certify that I attended the deceased from — , 19..... , to Feb 5 , 1949 , that I last saw the deceased alive on Feb 5 , 1949 , and that death occurred at 6:30 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. Steele	MD	Cambridge Md	2/8-1949

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 9, 1949	Coard town	near Cambridge

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 9, 1949	John Mace, Jr. MD	Lewis H Baynes	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU OF S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Matyland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Cambridge — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easterh Shore State Hsopital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John Isaac Wilkins (Middle) (Last)			4. DATE OF DEATH (Month) Feb. (Day) 2 (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH February 186 2	9. AGE last birthday 86 yrs.	If under 1 year Months. Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Salisbiry Wicomico Cy Maryland	12. CITIZEN OF WHAT COUNTRY? U.S	
13. FATHER'S NAME John Wilkins			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none		17. INFORMANT Hospital Records, Cambridge Maryland		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral Hemorrhage	Febrauryl
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertension and arteriosclerosis	unknown
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic myocarditis	"

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Januaryl 1949 to Febraary 2, that I last saw the deceased alive on Februaryl 1949 and that death occurred at 1.45 am., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[signature]	Cambridge, Maryland	Febraury 2 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-4-49	Hastings	Delmar, Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 3, 1949	John Mace, Jr. MD	W. S. Mann Co.	Delmar, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek, RFD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek
STREET ADDRESS (If rural give location) RFD # 2, Gumswamp

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Henrietta Woolford

4. DATE OF DEATH (Month) (Day) (Year) February 3, 1949

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH (Unknown) 1889

9. AGE last birthday 60 ? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Fork Neck, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Woolford

14. MOTHER'S MAIDEN NAME Louise Woolford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Garfield Woolford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cachexia and emaciation — Interval between onset and death: ?

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma rectum — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan. 1948

19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma rectum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Not at all, 19..., to ..., 19..., that I last saw the deceased alive on Not at all, 19..., and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE John Mace Jr (Degree or title) ADDRESS Deputy Medical Examiner, Cambridge, Md. DATE SIGNED 2-8-49

22. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Feb. 6, 1949 | NAME OF CEMETERY OR CREMATORY Church Creek Cem. | LOCATION (City, town, or county) (State) Church Creek, Maryland

DATE REC'D BY LOCAL REG. Feb. 8, 1949 | REGISTRAR'S SIGNATURE John Mace, Jr Registrar

24. FUNERAL DIRECTOR Lewis H. Baynuem, ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 9 1949
BUREAU V. S.

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